PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number 10730747														
		CLAIMS AS	FILED -	SMALL TYPE	ENTITY	OR	OTHER SMALL E							
TOTAL CLAIMS			86					RATE	FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.0	OA	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			\$6minus 20=		. 66			X\$ 9=		OR	X\$18=	.1188		
INDEPENDENT CLAIMS			19 minus 3 =		16			X43=		OR	X86=	1376		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+145=		OR	+290=			
• 15	the difference	in column 1 is	less than z	ero, enter	r "O" in C	olumn 2		TOTAL		OR	TOTAL	3334		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
	YColumn 1)		1		EST		ነ ፣	SHALL	ADDI	_		ADDI-		
AMENDMENT A		REMAINING AFTER		PREVI	BER	PRESENT EXTRA	·	RATE	B	L I	RATE	TIONAL FEE		
	Total	AMENDMENT	Minus	PAID	FOR		1	X\$ 9=		OR	X\$18=	1 2 2		
	Independent	. 45	Minus .	12/	$\frac{1}{2}$	•	1	X43-	+	OR	X86=			
AN		NTATION OF MI	ULTIPLE DE	PENDEN	TCLAIM]	- 115		-	+290=			
								+145		OR	TOTAL			
	(Column 1) (Column 2) (Column 3)								ADDIT, FEE OR ADDIT, FEE					
_		(Column 1)	1		HEST .		"		ADD			ADDI-		
AMENDMENT B	3-17-06	REMAINING AFTER		PREVI	BER OUSLY	PRESENT		RATE	TION		RATE	TIONAL FEE		
	Total	• (a)	Minus	PAID	FOR	= 0	1	X\$ 9		OR	X\$18=	0		
NUN	Independent	• 13	Minus	***	19	- 0		X43=		OR	X86=	0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145		OR	000	0.		
								ADDIT, F		OR	ADDIT. FEE			
		(Column 1)			ımn 2)	(Column 3	<u>)</u>			_				
ပ	`	CLAIMS REMAINING		NUA	HESY ABER	PRESENT		DATE	ADD TION		RATE	ADDI- TIONAL		
	AFTER AMENDMENT				OUSLY FOR	EXTRA	4	RATE	FEE			FEE		
AMENDMENT C	Total	•	Minus	**			1	X\$ 9	•	OR	X\$18=			
ING.	Independent		Minus	***	T OL 111		4	X43:		OR	X86=			
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	II CLAIM		1	+145		OR	+290=			
" If the entry in column 1 is less than the entry in column 2, write "O' in column 3. TOTAL TOTAL April FFF											TOTAL			
"If the entry in column 1 is less than the entry in column 2, write "o in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE														

FORM PTO-875 (Rev. 10/00)

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